

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92)

Traveler's Unit Code

ORIGINAL  
210

STAFF

BK Trip? ☐ Yes ☐ No

Page \_\_\_\_ of \_\_\_\_ Pages

CLAIMANT'S NAME Karen Baker		Fiscal Year 2008-2009	2008TEC1751	SSN OR EMPLOYEE NUMBER* 269-52-5702	DEPARTMENT OPR
POSITION Secretary of Volunteering and		CB/ID NO.: EXEMPT		DIVISION OF BUREAU California Volunteers	PCA # 21401
RESIDENCE ADDRESS* 971 Castec Dr.		HEADQUARTERS ADDRESS 1110 K Street Suite 210			TELEPHONE NUMBER 916-323-7646
CITY Sacramento	STATE CA	ZIP CODE 95864	CITY Sacramento	STATE CA	ZIP CODE 95814

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L.T. N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
9/1	1830	Sac/Burbank	\$121.10				\$153.60			18	\$9.90		\$284.60	
9/2	1400	Burbank/Sac		\$6.00		<del>\$6.00</del>			\$9.00	18	\$9.90		<del>\$30.90</del> 24.90	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

309.50  
\$315.50

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Purpose: Tour and press confrence of the Station Fire with the Governor

Flew commercial on the way to Burbank, Flew back to Sacramento with the Governor.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER  
4ybd289

(14) MILEAGE RATE CLAIMED

.55

AGENCY ACCOUNTING OFFICE  
USE ONLYPAID BY REVOLVING FUND CHECK NUMBER  
\$0.55

THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

15) CLAIMANT'S SIGNATURE

DATE

16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See item 17 on reverse)

DATE